

# EMERGENCY SOLUTIONS GRANT PROGRAM

## TABLE OF CONTENTS AND CHECKLIST

Lead Applicant name: \_\_\_\_\_

Provider or Sub-recipient named in this application: \_\_\_\_\_

This is application is # \_\_\_\_ of a total # \_\_\_\_ of applications being submitted by this lead applicant.

Lead applicants are responsible for submitting complete applications and required attachments by the deadline. Contents of the required two copies of the application must be tabbed and organized as follows:

- ☐ TAB #1 – APPLICANT INFORMATION – Applicant information, non-profit service provider information, project site, type of funding requested, the number of applications submitted, total funding request, chart of funding request, chart and status of prior ESG awards.
- ☐ TAB #2 –PROGRAM & PROJECT NARRATIVE – An overview of the set of projects being submitted by the lead agency, including their relationship to one another; and, a summary of the specific project submitted in this application. This is required for all lead applications and is limited to four pages.
- ☐ TAB #3 – STATEMENT OF NEED – (35 points) Population to be served relative to local needs, performance measurement system, and any obstacles to other funding.
- ☐ TAB #4 – PROJECT DESIGN, BUDGET & TIMELINE – (45 points) Project description, project budget, description of activities/projects, type and use of maintenance, operating expenses, case management, direct client services, shelter staffing costs, administrative funds and project or activity details of financing.
- ☐ TAB #5 – PROVIDER CAPACITY & EXPERIENCE – (10 points) Prior administrative and project experience, client tracking system, homelessness prevention assistance, overall capacity.
- ☐ TAB #6 – SUPPORTIVE SERVICES – (25 points) Availability of supportive services and ability of providers to connect clients to them; how the activity will enhance a community-wide range of care.
- ☐ TAB #7 – PROGRAM REQUIREMENTS AND CERTIFICATION – Signed certification by the highest elected official.
- ☐ TAB #8 – BUILDING AND HABITABILITY CERTIFICATION – Signed by the Executive Director
- ☐ TAB #9 – CONCURRENCE OF SUPPORT FROM THE CoC – Signed by the Lead CoC
- ☐ TAB #10 – ADDITIONAL INFORMATION & ATTACHMENTS - photographs of the project(s), etc.

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## Introduction

The Emergency Shelter Grants Program (ESG), originally established by the Homeless Housing Act of 1986 to address homelessness among men, women, and children in the United States, was incorporated in 1987 into subtitle B of Title IV of the Stewart B. McKinney-Vento Homeless Assistance Act (42 U.S.C. §§ 11371-11378). In 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, a bill that reauthorized the McKinney Vento Homeless Assistance programs and substantially revised the Emergency Shelter Grants Program, renaming it the Emergency Shelter Grants program (ESG).

ESG funds may be used to assist homeless persons and those at risk of becoming homeless. The State of Maryland will receive approximately **\$953,756 in federal ESG funds** for the federal 2014 fiscal year. The administering agency for this funding is the Department of Housing and Community Development (“the Department”) through its Division of Neighborhood Revitalization. Federal ESG regulations provide that the State shall allocate all federal ESG funds to local governments and nonprofits rather than administering activities directly.

Federal guidelines limit 60% of the federal ESG allocation to be used for “Shelter Essentials and Outreach”. In addition, federal officials are encouraging increased use of funds for Rapid Rehousing, and the State is interested in moving in that direction. Other eligible activities are listed below and explained further in the ESG Program Guide.

In addition, the Maryland legislature recently passed the Governor’s request for a budget allocation of just over \$2 million in state operating funds to match and enhance federal ESG funds, allowing the Department to expand its fiscal year 2015 support for activities that assist the homeless or those at risk of homelessness. A combined total of just under \$3million is now being made available through this Request for Proposal (RFP). **The total maximum allowable request, per lead applicant (local government), is \$145,000 including a maximum of \$65,000 in federal funds and a maximum of \$80,000 in state funds.**

## Eligible Applicants:

**A. Lead Applicants:** Lead applicants are units of local government. A lead applicant will submit one or more applications for projects that they will administer directly or that they will sponsor on behalf of local sub-recipients. Lead Applicants are responsible for monitoring and compliance of their sub recipients.

**B. Sub Recipients:** Sub-Recipients may be units of local government or nonprofits.

## Eligible Activities:

This combination of state and federal ESG funds may be used for the following eligible activities below, which are further defined in the ESG Program Guide:

- **Street Outreach:** to engage homeless individuals and families living on the street,
- **Emergency Shelter:** to improve the number and quality of emergency shelters for homeless individuals and families; and, to improve the effective operation of emergency shelters; provide essential services to shelter residents,
- **Homeless Prevention:** to prevent families and individuals from becoming homeless,
- **Rapid Rehousing:** to rapidly re-house homeless individuals and families,
- **HMIS:** to support expenses related to data tracking and data coordination among awardees and CoC members, and
- **Administrative Expenses:** to support operating expense of up to 5% of total project costs.

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Funds may also be used for essential services, such as case management, in connection with the above activities in order to assist clients in making the transition to permanent housing and independent living. Applicants are encouraged to thoroughly read the Program Guide and related and ongoing HUD guidance as all awardees will be required to adhere to all state and federal requirements for ESG funding.

### **Application Submittal and Review Process:**

Review teams will read and score all applications based on the point scale below. The review teams will jointly develop award recommendations. Particular consideration will be given to the extent of homelessness in the areas served by the applicant(s) based on data provided by the U.S. Department of Housing and Urban Development and U.S. Census as well as additional information that may be supplied by the applicant.

Application rating and ranking will be based on the following point system:

- Statement of Need (35 points)
- Project Design, Budget & Timeline (45 points)
- Provider Capacity & Experience (20 points)
- Supportive Services (25 points)

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## **PART 1 – CORE APPLICATION (TAB 1)**

### **A. Local Government Applicant Information:**

Applicant:							
Federal ID # & DUNS #							
Applicant Street Address:							
City:		County:		ST:		Zip Code:	
Phone #		Web Address:					
<b>LOCAL GOVERNMENT CONTACT PERSON</b>							
Contact Person:					Title:		
Contact Address:							
City:		State:		Zip Code:			
Phone #		Email:					

☐ Check here if grant funds will be utilized only by the local government listed above, and then skip to section 3 below. If funds will be utilized by one or more sub-recipients, proceed to Section #2 below.

### **B. Local Government Or Nonprofit Service Provider**

Local Government or Nonprofit Service Provider Name							
Federal ID #							
Street Address:							
City:		County:		ST:		Zip Code:	
Phone #		Web Address:					
ESG Non-Profit Service Provider:		Faith-Based:	<input type="checkbox"/>	Public:	<input type="checkbox"/>	Other Non-Profit:	<input type="checkbox"/>
<b>Local Government Or Nonprofit Service Provider Contact Person</b>							
Contact Person:					Title:		
Contact Address:							
City:		ST:		Zip Code:			
Phone #		Email:					
<b>Project Site</b>							
Name of Project Site							
Street Address:							
City:		County:		ST:		Zip Code:	
Phone #		Web Address:					
Legislative District of the Project Site:							

### **C. Applicant's Continuum Of Care (CoC) Information**

Lead Agency:							
HUD ID #							
Street Address:							
City:		Jurisdiction(s):				Zip Code:	
Phone #		Contact Person:					

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### D. Project Activities:

Check all that activities apply to this project application.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Homelessness Prevention | <input type="checkbox"/> Rapid Rehousing | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Emergency Shelter       | <input type="checkbox"/> HMIS            | <input type="checkbox"/> Administrative  |

### E. Federal ESG funding request for this project application:

(\$65,000- total maximum per lead applicant)

Amount requested by this application for this Service Provider: \$\_\_\_\_\_

Total federal ESG funds requested for all FFY 2014 project applications: \$\_\_\_\_\_

### F. State ESG funding request for this project application:

(\$85,000- total maximum per lead applicant)

Amount requested by this application for this Service Provider: \$\_\_\_\_\_

Total State ESG funds requested for all FFY 2014 applications: \$\_\_\_\_\_

### G. Prior Year ESG Awards:

Please list all funds previously awarded to THIS ESG PROVIDER for the past 4 years.

Project Name	Fiscal Year	Funds Awarded	Funds Expended	Balance

Please indicate below the percentage of prior year ESG funds expended as of the date of this application submission. In addition, please describe how well this provider achieved the project a goal for which funding was awarded in prior years. Discuss any factors that may have hindered progress of implementing projects in prior years and what is being done to overcome future barriers to progress.

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### H. Sub-Recipient Information:

If this application involves support for a sub-recipient service provider that is a nonprofit organization, the lead applicant is responsible for confirming that the following information is collected and reviewed by the lead applicant and is available for DHCD review.

1. Articles of Incorporation & Amendments
  - a. Articles of incorporation are dated:
  - b. Articles are currently in effect and have not been amended. Yes ☐ No ☐
  - c. If applicable, amendments dated are available along with the articles of incorporation.  
Yes ☐ No ☐ NA ☐
2. By-laws
  - a. Bylaws are dated
3. Charitable Organization Designation
  - a. Internal Revenue Service letter recognizing the organization as exempt from income taxation under Sec. 501(c)(3) of the IRS Code
  - b. The organization's most recent IRS Form 990 is dated:
  - c. The organization has a current certificate of good standing from Department of Assessment and Taxation. Yes ☐ No ☐
  - e. The organization's financial and accounting manual was adopted or most recently revised \_\_\_\_\_.
4. Governing Board
  - a. List of Board of Directors Yes ☐ No ☐
  - b. Officers were *last elected* on the following date: \_\_\_\_\_.

All lead applicants are required to complete on-site monitoring of their funded providers; this includes financial and programmatic monitoring.

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## **PART 2 - PROGRAM & PROJECT NARRATIVE: (TAB 2)**

In this section, in four pages or fewer, briefly address each of the following sections: (the answer to section A will be the same/duplicated by the lead agency in cases where multiple project applications are submitted by the lead agency on behalf of sub-recipients).

### **A. Overall ESG Strategy:**

Describe the lead applicant's overall strategy for use of ESG program for the *total state and federal funding being requested* and how the individual projects being funded work together to meet the emergency needs of homeless persons in your jurisdiction.

### **B. Project Activities and Methods:**

For the specific project proposed in this application, describe the eligible activities that will be undertaken and the methods for accomplishing these activities. Describe the specific sub-populations to be assisted.

### **C. Relationship to CoC and the CoC Plan:**

Describe how the project in this application relates to and addresses the needs identified by the CoC plan for this jurisdiction.

### **D. Local Coordination:**

Are there other services that address the same need in your jurisdiction? If so, how are these services coordinated?

### **E. Accessing Services:**

Explain how those that are homeless or at-risk of homelessness are triaged to find the appropriate service(s) in this jurisdiction (for instance through a centralized or coordinated assessment system). Describe if or how the provider for this project utilizes the CoC's centralized or coordinated assessment system.

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## **PART 3 – STATEMENT OF NEED (TAB 3) (35 points)**

### **A. Project Service Area:**

Describe your service area. Attach a map of the service area and indicate the site of any providers, shelter(s), camps where the unsheltered may congregate, and other relevant information.

### **B. Performance Measurement: (30 points)**

#### **1. Project Goals: (10 points)**

Indicate this project's specific goals for the number of individuals and families to be assisted in the following categories: emergency shelter, street outreach, rapid rehousing, and homelessness prevention assistance during the two-year maximum grant period October 1, 2014 – September 30, 2016.

#### **2. HUD metrics:**

Using the selected HUD objective and selected outcomes indicated in the chart below, estimate the number of people expected to be primarily served. For further guidance, please use the 2014 ESG Program Resource and Guide ("Performance Measurement") section

OBJECTIVE – Suitable Living Environment OUTCOME – Availability/Accessibility	*Individuals proposed to be served	Families proposed to be served
Suitable Living Environment – Emergency Shelters, Transitional Housing Programs, Street Outreach and Essential Services)		
OBJECTIVE – Decent Housing OUTCOME – Affordability	Individuals proposed to be served	Families proposed to be served
Decent Housing (Homelessness Prevention Assistance, Eviction Prevention)		

\*Individual- person without a spouse or children

#### **3. Project Need: (10 points)**

Describe the need for the services described in this application, including the level of homelessness overall and for sub-populations in your service area. Emphasize any trends over the past year(s) in the numbers or types of homeless persons and those at-risk of homelessness served. Document these factors and trends by citing statistics and indicate the source for the statistics.

#### **4. Data Tracking: (10 points)**

Describe how your agency tracks data and how the data is used to set goals and monitor progress, such as for:

- Success at reducing the number of individuals and families who become homeless
- Overall reduction in the number of homeless individuals and families
- The length of time individuals and families remain homeless
- The extent to which individuals and families who leave homelessness experience additional spells of homelessness
- Jobs and income growth for homeless individuals and families
- The thoroughness of award recipients in the geographic area in reaching homeless individuals and families



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## 5. MSHDW Participation: (5 points)

Describe your participation in the Maryland State Homeless Data Warehouse (MSHDW), including how the provider and the CoC coordinate.

## **PART 4 -- PROJECT DESIGN, BUDGET AND TIMELINE TAB 5 (45 POINTS)**

### **A. Project Design: (15 points)**

As applicable to this project: Describe project activities (s) for which funding is being sought in this application. Provide details on all phases of the activity/project. Provide evidence of the effectiveness of this project's approach, particularly if this is a continuation of activities funded in prior years.

#### **1. Street Outreach:**

Discuss how the Service Provider will locate, identify and build relationships with unsheltered homeless persons for the purpose of engagement and services.

#### **2. Emergency Shelter:**

Discuss the type and usage of funds being requested. In addition:

- a. Has the shelter experienced any violent or non-violent incidents in the past 24 months, if so, is the shelter requesting ESG for security?
- b. Describe how the shelter has complied with the Shelter and Housing standards.
- c. Discuss the type and usage of shelter staffing costs being requested. (Do not include case managers or service providers covered under essential services)

#### **3. Rapid Rehousing:**

Describe the Rapid Rehousing services to be provided and how the services will be administered. In addition:

- a. Discuss the monthly amount of rent assistance for Rapid Rehousing, per ESG participant. Is this amount consistent with the CoC rental assistance written standards?
- b. Discuss the cost of a housing inspection and how the agency will cover the cost.
- c. Explain how eligibility and payments are determined and processed.

#### **4. Homeless Prevention:**

Describe the Homeless Prevention services to be provided and how the services will be administered. In addition:

- a. Discuss the monthly amount of rent assistance for Homeless Prevention, per ESG participant. Is this amount consistent with the CoC rental assistance written standards?
- b. Discuss the cost of a housing inspection and how the agency will cover the cost.
- c. Explain how eligibility and payments are determined and processed.

#### **5. HMIS:**

Describe the provider's use of the Homeless Management Information System (HMIS) and use of funding if needed. In addition, provide the following:

- a. Name of the HMIS software:
- b. HMIS Service Provider Name:
- c. HMIS Service Provider Address:

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## 6. Administrative Services:

Describe the type and usage of administrative funds being requested (up to 5% of the total project costs).

## 7. Essential Services:

Describe the case management and other direct client services to be funded by this grant and how these services will be administered.

## B. Project Budget: (15 points)

Fully complete the attached Project Budget work sheet. In addition:

1. **ESG Budget:** Explain and justify each proposed budget line item and why ESG funds are requested. Will the applicant and sub-applicant drawdown ESG funds quarterly, explain?
2. **Non-ESG Support:** Provide details of other financial support for this project, including:
  - Identify proposed resources for other cash and/or non-cash;
  - Explain the commitment status of other cash and/or non-cash contributions;
  - Identify and explain how other sources of required cash or non-cash, not currently committed will be secured; and
  - Provide details of any other contributions, grants, donations or awards that organization receives.
3. **Funding Obstacles:** Please discuss any obstacles this project or provider has in gaining access to other homeless funding in your CoC jurisdiction

## C. Project Timeline: (5 points)

Describe the work plan and timeline for project implementation for each eligible activity described in this application. Include milestones for meeting program and budget goals for the grant period.

## D. Relationship to CoC and Local Data Reporting: (5 points)

1. **CoC participation:** Describe the provider's participation in the local CoC. What role did this provider have in developing the CoC's written standards?
2. **CoC objectives:** Explain how this project/activity addresses Continuum of Care (CoC) homelessness prevention objectives in your CoC jurisdiction.

## E. Matching Funds: (5 points)

Describe funds that will match or further enhance the use of ESG funds. This narrative must relate directly to the information summarized on Matching Funds Chart below. Also please note:

- Applicant must provide written documentation that these funds will be available during the grant term. These can be letters of support or other forms of documentation that confirms the match amount. Place these documents under TAB #10 and label them "Matching Funds Support Documents".
- At least 20 percent of the match should be in cash and non-cash contribution from the private sector
- A cash and/or non-cash contribution by the local government is strongly encouraged. Points in this section will be heavily influenced by the level of matching support from the local government.

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Source of Matching Funds	Amount	Date of Letter	Private/Local Support	Committed

### **PART 5 -- PROVIDER CAPACITY & EXPERIENCE (TAB 5) (10 Points)**

#### **A. Provider Capacity: (10 points)**

Describe the provider's capacity to undertake and implement the proposed project or program. The discussion should include, but not be limited to, items such as staffing, organizational structure, coordination with other services, recent recognition or awards, and experience with other programs that serve the homeless or vulnerable populations.

#### **B. Provider Experience: (10 points)**

As applicable describe the provider's track record in the recent provision of the following services (FFY2012):

##### **1. Shelter Management and Services:**

If the provider has administered an ESG-funded shelter previously, discuss the results of these efforts. For shelter providers, the discussion should include data such as the bed nights provided and the average length of stay as well as how many of those who were sheltered moved to transitional shelters, how many become employed, how many, if any, became self-sufficient and other outcome information (use information below-FFY2012 data). (5 points)

##### **2. Homeless Prevention:**

For providers of homeless prevention assistance, complete the following itemization for the most recent year of service:

- a. Amount of ESG funds used for homelessness prevention \$\_\_\_\_\_
  - b. Amount of other funds used for homelessness prevention \$\_\_\_\_\_
  - c. Number of households assisted with ESG funds for:
    - Eviction prevention \_\_\_\_\_
    - Utility assistance (including heating oil or other non-metered heat sources.)\_\_\_\_\_
    - Mortgage foreclosure prevention
    - Security deposit/first month's rent assistance
  - d. Number of households assisted with other (non-ESG) homelessness prevention funds \_\_\_\_\_
  - e. Were ESG funds used to provide emergency (e.g. motel) short-term placement in lieu of shelter placement? Yes ☐ No ☐
- If so, how many bed nights were provided? \_\_\_\_\_

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### 3. Rapid Rehousing:

For providers of rapid rehousing assistance, complete the following itemization for the most recent year of service:

- a. Amount of ESG funds used for rapid rehousing \$ \_\_\_\_\_
- b. Amount of other funds used for rapid rehousing \$ \_\_\_\_\_
- c. Number of households assisted with ESG funds for:
  - Eviction prevention \_\_\_\_\_
  - Utility assistance (including heating oil or other non-metered heat sources.) \_\_\_\_\_
  - Mortgage foreclosure prevention \_\_\_\_\_
  - Security deposit/first month's rent assistance \_\_\_\_\_
- d. Number of households assisted with other (non-ESG) homelessness prevention funds \_\_\_\_\_
- e. Were ESG funds used to provide emergency (e.g. motel) short-term placement in lieu of shelter placement? Yes ☐ No ☐  
If so, how many bed nights were provided? \_\_\_\_\_

### **PART 6-- SUPPORTIVE SERVICES (TAB 6) (25 Points)**

#### **A. Service Connections: (10 points)**

Discuss in detail the need for and the service provider's ability to connect clients to relevant supportive services in order to improve their housing stability and self-sufficiency. Provide data that supports the identified needs from statistical sources, i.e. U.S. Census Bureau, American Community Survey (ACS), Current Population Survey (CPS), Maryland Department of Planning, and Maryland Department of Labor, Licensing and Regulation (DLLR).

#### **B. Supportive Services: (10 points)**

List the supportive services and identify how these services will assist with the proposed activity or project. Examples of services to be addressed are: job search and job training, substance abuse treatment, medical and health care services, daycare, life skills training, housing and transportation.

#### **C. Connection to CoC plan: (5 points)**

How do these supportive services, assist in the coordination of ESG activities with the CoC. Are there gaps in the CoC jurisdiction for supportive services? If so, what needs are not adequately addressed, or in what areas, could coordination of services be improved?

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## **PART 7 -- PROGRAM REQUIREMENTS AND CERTIFICATION (TAB 7)**

The form of this application conforms to the provisions of DHCD's FFY 2014 ESG Program and Resource Guide (the "Guide"). The Guide describes the federal and state requirements governing the use of the grant funds. An applicant cannot receive its funds under an ESG award unless it has executed an agreement with DHCD certifying its willingness to comply with the requirements described in the Guide and other requirements as may be directed by the Federal government, which includes but not limited to the requirement to input client data into a Homeless Management Information System (HMIS) or comparable system.

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The undersigned hereby certifies that the submission of this application for Emergency Solutions Grant funds is authorized under local law and that the lead applicant, possesses the requisite authority to administer the Emergency Solutions Grant activities contemplated by the application in accordance with applicable law and regulations of the U.S. Department of Housing and Urban Development and of the State of Maryland.

The undersigned further certifies that the information set forth in this application and in the attachments in support of the application is true, correct and complete to the best of the undersigned's knowledge and belief.

In witness whereof, the applicant has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
*(Name of lead applicant, a unit of local government)*

By:

\_\_\_\_\_  
*(Signature of chief elected official)*

Title:

\_\_\_\_\_

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## CERTIFICATION OF BUILDING AND HABITABILITY STANDARDS FOR SERVICE PROVIDERS RECEIVING ESG FUNDS FROM STATE

I, \_\_\_\_\_ (name and title), duly authorized to act on behalf of the  
\_\_\_\_\_ (Name of Shelter); hereby certify that following requirements are met:

- ☐ Shelter meets the local government safety and sanitation standards
- ☐ Shelter meets ESG program safe, sanitary, and adequately maintained standards:
  - ☐ Structure and Materials sound
  - ☐ Accessible
  - ☐ Adequate Space and Security for participants
  - ☐ Interior Air Quality
  - ☐ Water Quality and Supply
  - ☐ Accessible
  - ☐ Sanitary Facilities
  - ☐ Thermal Environment
  - ☐ Illumination and Electricity
  - ☐ Proper Food Preparation
  - ☐ Sanitary Conditions
  - ☐ Fire-Safety Sleeping and Common Areas

By: \_\_\_\_\_  
Signature of Executive Director and Date

\_\_\_\_\_  
Print Executive Director Name

\_\_\_\_\_  
Title

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## CERTIFICATION OF CONTINUUM of CARE (CoC) CONCURRENCE

I, \_\_\_\_\_ (name and title), duly authorized to act on behalf of the  
\_\_\_\_\_ (CoC), hereby approve the application provided by  
\_\_\_\_\_ (service provider) for the ESG activity (ies) which are  
to be located in \_\_\_\_\_ ( name of the of the jurisdiction):

The CoC certifies to the following: (check all that apply)

- ☐ Centralized or Coordinated Assessment System is established.
- ☐ Sub-applicant has a HMIS and enters data that meets the CoC quality data standards.
- ☐ Sub-applicant uses the Coordinated Assessment System.
- ☐ Written standards for the CoC jurisdiction are in place.
- ☐ Sub-applicant participates in the local planning process of community-wide CoC

Please explain, if the sub applicant has not met the above requirements:

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By: \_\_\_\_\_  
Signature of Lead Agency of the CoC and Date

\_\_\_\_\_  
Print Name of Signatory of Lead CoC Person

\_\_\_\_\_  
Title